U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:			
/	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Frank P Riley	Name Laborers' District Council of Chgo & Vicinity			
	Labor Organization File Number 014-796			
P.O. Box, Bldg., Room No., if any Suite 300	P.O. Box, Building and Room Number, if any 300			
Street 999 McClintock Drive	Street 999 McClintock Drive			
City Burr Ridge	City Burr Ridge			
State Illinois ZIP Code + 4 60527-0844	State Illinois ZIP Code + 4 60527-0844			
5. Position in labor organization. President/Secretary-Treasurer				
Enter appropriate data below lf, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:	**************************************			
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Mark File	On 7/7/2005 630/-655-8289			
	Date Telephone Number			

Name of Person Filing Frank Riley	File Number U -			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Jelco Ventures Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 202 Street 601 E. Hopkins City Aspen State Colorado ZIP Code + 4 81611	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Outsourced Work Dues Program services included. 1. Data entry staff 2. Mailroom staff 3. Computer back-up 4. Work Dues Program storage 5. Chicago office 11.b. Approximate dollar value of such dealing. \$204,000 12.a. Nature of interest held or income received. Poinsetta at Christmas time.			
	12.b. Amount. \$30			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).				
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

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Name of Person Filing Frank Riley	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Chicago Area Laborers-Employers Coop & Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 302 Street 999 McClintock Drive City Burr Ridge State Illinois ZIP Code + 4 60527-0844	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. A Labor-Management Organization			
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. \$40.00 for cost of Safety Award Luncheon held annually for laborers chosen by their employers for their high standards on safety. \$58.00 briefcase at Christmas time. \$48.00 sausage gift pack at Christmas time.			
	12.b. Amount. \$146			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Frank Riley	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing the consists of buying from or selling or leasing to, or other of an employer whose employees your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name Dowd, Bloch & Bennett Trade Name, if any: P.O. Box, Bldg., Room No., if any 19th Floor Street 8 S. Michigan Ave. City Chicago State Illinois ZIP Code + 4 60603	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Serves as co-counsel on funds.			
Name Laborers' Welfare, Pension & Training Funds Trade Name, if any:	Supplies legal services to the District Council and locals within the council. See attached			
P.O. Box, Bldg., Room No., if any Street 11465 Cermak Rd.				
City Westchester	11.b. Approximate dollar value of such dealing. \$479,049			
City Westchester State Illinois ZIP Code + 4 60154	12.a. Nature of interest held or income received. Box of popcorn at Christmas time.			
	12.b. Amount. \$27			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Attachment to Form LM-30 Year Ending 12/31/04

Name: Frank Riley File#: 014-796

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11.b Approximate dollar value of such dealing (Dowd, Bloch & Bennett with Labor Organization and related trust funds):

Name	Amount
Laborers' District Council (Includes General, Strike & Organizing, Initial Contact, and Collection.)	\$ 278,136.98
LECET	\$ 123.75
Laborers' Pension Fund	\$ 89,578.29
Laborers' Welfare Fund	\$ 103,251.24
Laborers' Training & Apprentice Funds	\$ 7,959.22
TOTAL	\$ 479,049.48